



## Home Energy Plus Application

Application Date (mm/dd/ccyy) \_\_\_\_\_

Worker Number \_\_\_\_\_

☐ Check this box if this is an "Early Application".

For Office Use Only	
<input type="checkbox"/>	Heating, Crisis and Weatherization Application
<input type="checkbox"/>	Weatherization Only Application
<input type="checkbox"/>	Withdrawn

Please Print Using Blue or Black Ink

1. Outreach Indicator

☐ Local Agency ☐ Alternate Site ☐ Home Visit ☐ Mail/Phone

2. Social Security Number

3. Ethnic Group (check one)

☐ African American

☐ Hispanic/Latino

☐ Other

☐ American Indian or Alaskan

☐ Native Hawaiian or Pacific Islander

☐ Not Reported

☐ Asian

☐ White

4. First Name

Middle Initial

Last Name

5. Residence Address

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

6. Mailing Address (if different than residence)

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

7. If you have a legal guardian, protective payee or an authorized representative, what is that person's name?

Guardian's First Name

Middle

Last

8. Enter Your Primary Phone Number(s)

( )

☐ Home

☐ Work

☐ Cellular

☐ Pager

☐ Contact

Secondary Phone Number

( )

☐ Home

☐ Work

☐ Cellular

☐ Pager

☐ Contact

9. Enter Your Birth Date (mm/dd/ccyy)

10. Are you a citizen of the USA or an eligible alien? (check one)

☐ US Citizen

☐ Eligible Alien

☐ Ineligible Alien

11. Are you (the applicant case head) a student enrolled at least half-time in an institution of higher learning?

☐ Yes ☐ No

If yes, check any of the following conditions that meet your situation

- ☐ A student and currently working twenty or more hours per week making at least minimum wage  
☐ A student and financially responsible for a child under age 18 who is living with you  
☐ A student and physically or mentally disabled  
☐ A student and receiving extended Unemployment Compensation (UC) benefits  
☐ A student and receiving TANF or W-2 Benefits  
☐ A student and spouse lives with you who is not a student  
☐ A student and none of the above apply

12. Select the response that best describes your living arrangements as of the date you sign this application.

- ☐ Live in a group home, half-way house, CBRF or foster home  
☐ Live in a nursing home  
☐ Live in a government institution or prison or jail  
☐ Are currently in a homeless situation moving to a permanent residence  
☐ None of the above

13. Do you own your own home or rent?

☐ Own ☐ Rent

14. If heat is included in your rent (**R**) or you pay your landlord for your heating costs (**S**), complete the following information.

Landlord's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

15. Do you live in government assisted housing or receive rental assistance?

☐ Yes ☐ No

Report the heating/electric allowance as income for the case head. Count only the amount of the heating/electric allowance that was applied to rent during the last three months on the income page.

16. What type of housing do you live in?

- ☐ Single family house  
☐ Duplex or two family house  
☐ Apartment or multi-unit building – How many units are in this building? \_\_\_\_  
☐ Mobile home  
☐ Rooming house, motel, hotel, YMCA or YWCA  
☐ Ineligible dwelling unit

17. Number of rooms in your house.

(Do not count bathrooms, unfinished basements, entryways, hallways, unheated attics and porches or closets.)

18. How many persons, if any, are disabled or handicapped in your household?

(The number of individual household members entered must match the number checked as disabled in section 22.)

19. Is anyone in your household under age 18 and related to any other person(s) (ages 18 and over) in the household in one of the following ways? ☐ Yes ☐ No

Son	Great Grandson	Granddaughter	Half-brother	Half Sister
Stepson	Daughter	Great Granddaughter	Step Brother	Step Sister
Grandson	Step-daughter	Brother	Sister	Uncle
Aunt	Nephew	Great-nephew	Great niece	First Cousin
Niece				

20. Zero income household: ☐ Yes ☐ No

21. Complete the following sections for each type of fuel you use for any home energy costs:

Heating fuel types are: Fuel Oil, Natural Gas, Propane, Electric Heat, Wood or Other

**You must select which fuel type is used to heat the water in your home.**

**Primary Heat Source**

**CHECK HOW YOUR PRIMARY HOME HEATING COSTS ARE PAID**

Fuel Type Name	Water Heating	Directly pay the bill sent from the fuel supplier	Rental payment includes fuel in the monthly rent payment	Separate payment is made to the landlord, mobile home park owner, Energy Service Company (ESCO) or heats with wood	All household heating bills for the previous month were paid by a government program
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Annual Fuel Costs \_\_\_\_\_

Cost Basis:

☐ Last year's actual cost (9/1 thru 8/30) ☐ Budgeted ☐ No Fuel costs  
☐ Prior year, (previous 12 months from date of application)

Vendor Name \_\_\_\_\_

Vendor # \_\_\_\_\_

Account Name \_\_\_\_\_

Account # \_\_\_\_\_

If Electric is already entered as Primary Heat & there are not secondary fuel sources- GO TO #22

**CHECK HOW YOUR ELECTRIC COSTS ARE PAID**

NON-HEATING Energy	Water Heating	Directly pay the bill sent from the fuel supplier	Rental payment includes fuel in the monthly rent payment	Separate payment is made to the landlord, mobile home park owner or Energy Service Company (ESCO)	All household non-heating bills for the previous month were paid by a government program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Annual Fuel Costs \_\_\_\_\_

Cost Basis:

☐ Last year's actual cost (9/1 thru 8/30) ☐ Budgeted ☐ No Fuel costs  
☐ Prior year, (previous 12 months from date of application)

Vendor Name \_\_\_\_\_

Vendor # \_\_\_\_\_

Account Name \_\_\_\_\_

Account # \_\_\_\_\_

If you heat with multiple fuel types, enter the information for additional fuel types below:

**CHECK HOW YOUR OTHER HOME HEATING COSTS ARE PAID**

Fuel Type Name	Water Heating	Directly pay the bill sent from the fuel supplier	Rental payment includes fuel in the monthly rent payment	Separate payment is made to the landlord, mobile home park owner, Energy Service Company (ESCO) or heats with wood	All household heating bills for the previous month were paid by a government program
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Annual Fuel Costs \_\_\_\_\_

Cost Basis:

☐ Last year's actual cost (9/1 thru 8/30) ☐ Budgeted ☐ No Fuel costs  
☐ Prior year, (previous 12 months from date of application)

Vendor Name \_\_\_\_\_

Vendor # \_\_\_\_\_

Account Name \_\_\_\_\_

Account # \_\_\_\_\_

**CHECK HOW YOUR OTHER HOME HEATING COSTS ARE PAID**

Fuel Type Name	Water Heating	Directly pay the bill sent from the fuel supplier	Rental payment includes fuel in the monthly rent payment	Separate payment is made to the landlord or mobile home park owner, Energy Service Company (ESCO) or heats with wood	All household heating bills for the previous month were paid by a government program
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Annual Fuel Costs \_\_\_\_\_

Cost Basis:

☐ Last year's actual cost (9/1 thru 8/30) ☐ Budgeted ☐ No Fuel costs  
☐ Prior year, (previous 12 months from date of application)

Vendor Name \_\_\_\_\_

Vendor # \_\_\_\_\_

Account Name \_\_\_\_\_

Account # \_\_\_\_\_

22. List every person who lives at your address below:

	Name	Social Security Number	Birth Date (mm/dd/ccyy)	Citizen/ Eligible Alien	Ineligible Alien Disabled	Cat. Eligible
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. **Income Codes**

(A) Alimony	(O) Other (includes contributions)	(SU) Sub Housing Heating Allowance
(CS RECD) Child Support	(P) Pensions (other than Veteran's Benefits)	(T) TANF/W2
(CS PAID) Child Support	(R) Rental Income	(UC) Unemployment Compensation
(D) Dividends/Interest	(SE) Self-Employment	(V) Veterans Benefits
(G) Gambling/Lottery/Bingo	(SS) Social Security	(W) Wages
(GR) General Relief	(SP) Spousal Impoverishment	(WK) Worker's Compensation
(GV) Government Relief or Disaster	(SSI) Social Security Supplemental Income	(C-Sup) Child Supplemental
(LC) Land Contract Payment	(SSI-E) deduction	Tribe/per Capita

Income Type	Source	Income			3 Month Total	Verification Item
		Month 1	Month 2	Month 3		
Total 3 Month Household Income						

## **Case Notes**

## Client Certification Page

*Read each item on this page before signing the application.*

*If you do not understand any item, ask the worker for assistance.*

1. I understand that I am responsible for reporting the names of all persons living at my address and the social security number and income of all persons in my household.
2. I understand that I am responsible for providing all required information within 30 days of the date of this application or the application is void and will be denied. I may still reapply, but a new application will be required.
3. I understand that I have the right to apply for Energy Assistance benefits and to receive either a payment or letter of explanation within 45 days from the date I submit this application.
4. I understand that if I believe my Energy Assistance application has been incorrectly denied or my payment is incorrect, I may request a fair hearing. I may also request a fair hearing if I have not received payment or explanation within 45 days from the date of my application. I may ask for a fair hearing by contacting the local office where I applied or by writing to: Wisconsin Department of Administration, Division of Hearings & Appeals, P.O. Box 7875, Madison, WI 53707-7875.
5. I understand that, if I am found eligible for energy assistance benefits, I may be referred to other residential weatherization and/or energy programs.
6. I understand that if I believe I have been discriminated against in any unlawful way, I may file a complaint by contacting the 504 Coordinator of the agency where I applied or any other person authorized by the agency to receive discrimination complaints.
7. I understand that the Wisconsin Department of Administration may use information provided on this form for purposes of research, evaluation and analysis.
8. I understand that I am authorizing the Wisconsin Department of Workforce Development to release information to the Home Energy Plus Program to verify employment and/or income.
9. I understand that the information on this form may be disclosed to energy programs operating under Wisconsin Public Benefit Program Authority or Wisconsin Public Service Commission approval.
10. You must use the payments you received to pay for the heating/electric costs for the residence you listed in your application or for paying the heating/electric costs for any future permanent residence you may move to in Wisconsin.

I certify that the information on this application and all information given in connection with this application are true and complete statements of facts. I further certify that I have read and understand the statements above. I understand that by signing this application, I am authorizing the Home Energy Plus agency and the Department of Administration (DOA) to obtain employment and/or income verification if necessary. I give permission to my heating and electric supplier(s) to provide details about my account and energy use to the Home Energy Plus agency. I authorize the Home Energy Plus agency and the DOA to be able to obtain information concerning:

- ❖ my home energy use and billing,
- ❖ housing information from subsidized housing offices or a landlord,
- ❖ Income verification.

I understand that I may be required to provide proof of any information on this application and that giving false information will invalidate this application, require the return of any benefits received and possibly subject me to prosecution for fraud.

Collection of your Social Security number is not prohibited by federal law and is a required data element for tracking applicant benefits granted by this program. Failure to provide this information will result in delayed processing of your application and inability to determine benefit amounts.

Applicant Signature	Date (mm/dd/ccyy)
<b>FOR OFFICE USE ONLY</b>	
Agency Worker Signature	Date (mm/dd/ccyy)

